

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09782057	FILING DATE 02/20/01			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	↓						51				
2		↓					52				
3		↓					53				
4		↓					54				
5		↓					55				
6		↓					56				
7		↓					57				
8				↓			58				
9		↓					59				
10		↓					60				
11		↓					61				
12	↓	↓					62				
13				↓			63				
14				↓			64				
15				↓			65				
16		↓					66				
17		↓					67				
18	↓	↓					68				
19							69				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	↓		3		↓		TOTAL IND.	↓		↓	
TOTAL DEP.	↓		16		↓		TOTAL DEP.	↓		↓	
TOTAL CLAIMS			19				TOTAL CLAIMS				